

Non-Dairy Milk Substitute: Parent Request Form

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT CHILD AND ADULT CARE FOOD PROGRAM

Dear Parent/Guardian:

Congratulations! Your child care provider participates in the Child and Adult Care Food Program (CACFP). Participating in the CACFP means that the provider cares about good nutrition. They will introduce and serve a variety of nutritious foods for your child to eat and will serve foods appropriate for your child's nutritional need. Depending upon the hours in care, your provider will be serving your child breakfast, morning snack, lunch, afternoon snack, supper, and/or late snack.

Fluid milk is a required meal component for breakfast, lunch and supper, and may be a component served during snack for CACFP participants. In the case of a participant who cannot consume fluid milk due to medical or other special dietary needs, other than disability, non-dairy beverages may be served in substitution of fluid milk. The CACFP requires the non-dairy milk substitute to be nutritionally equivalent to milk and meet the following nutritional standards:

Nutrient	Amount Per Cup	%DV
Calcium	276 mg	28%
Protein	8 g	16%
Vitamin A	500 IU	10%
Vitamin D	100 IU	25%
Magnesium	24 mg	6%
Phosphorus	222 mg	22%
Potassium	349 mg	10%
Riboflavin	0.44 mg	26%
Vitamin B-12	1.1 mcg	18%

Child Care Provider to Complete	Nutrient	Amount Per Cup or %DV
	Calcium	
	Protein	
	Vitamin A	
	Vitamin D	
	Magnesium	
	Phosphorus	
	Potassium	
	Riboflavin	
	Vitamin B-12	

If your child can not consume fluid milk due to medical or other special dietary needs, other than a disability, please complete the following "Parent Section" and return to your child care provider.

Parent/Guardian Section

Child's Name: _____ Age: _____ Substitute Requested: _____

Please describe the medical or other special dietary need that restricts your child from consuming cow's milk: _____

☐ I choose to provide the substitute I requested to my child care provider. By providing a creditable milk substitute, I understand that my child care provider may receive meal reimbursement for my child.

☐ I choose to not provide the substitute requested. I understand that my child care provider is not required, but has the discretion to purchase and provide a creditable milk substitute, as requested.

Parent/Guardian Signature: _____ Date: _____

Child Care Provider Section: Complete the above nutrient analysis of the substitute requested by the parent/guardian and this section. Keep this form on file.

☐ I have determined the nutritional quality of the non-dairy milk substitute requested. The substitute requested is CREDITABLE/NOT CREDITABLE (circle one).

☐ I understand I have the discretion to purchase and provide a creditable substitute, as requested, if the parent does not provide the milk substitute. I understand I may only claim meal reimbursement for eligible meals.

Provider Signature: _____ Date: _____